



**Town of Nantucket**  
**Taxi License Application**

**SECTION I. TO BE FILLED OUT BY APPLICANT**

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

(doing business as) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

List chronologically all of your residences for the past 5 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long a licensed Motor Vehicle Operator? \_\_\_\_\_

Your Motor Vehicle Operator's License No./state \_\_\_\_\_

Massachusetts Class 1, 2, or 3? \_\_\_\_\_

Year, Make and Model of your vehicle? \_\_\_\_\_

Where will your vehicle normally be stored or garaged? (specify address) \_\_\_\_\_

Have you already been granted a taxi license by the Town of Nantucket? \_\_\_\_\_

If **YES**, list vehicle(s) \_\_\_\_\_

Has your right to operate a motor vehicle ever been suspended? \_\_\_\_\_

If **YES**, give specifics: \_\_\_\_\_

Have you ever been convicted of, or admitted to sufficient facts to the sale or possession of any controlled substance or for operating under the influence of intoxicating liquor or of a controlled substance? \_\_\_\_\_

If **YES**, give specifics: \_\_\_\_\_

Have you ever been issued a Motor Vehicle Citation for any motor vehicle offense? \_\_\_\_\_

If **YES**, give specifics: \_\_\_\_\_

Do you have any unpaid parking tickets currently with the Town of Nantucket? \_\_\_\_\_

I hereby certify under the pains and penalties of perjury that the above answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_

*date of application*

*signature of applicant*